· ·									Application or Docket Number				
	PATENT	RD											
Effective October 1, 2003								10743890					
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
						ımn 2)		TYPE (		OR	SMALL	ENTITY	
TOTAL CLAIMS			20					RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	€ 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			9 minus 20=					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 =		2			X43=	86	OR	X86=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT			+10				OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						١	TOTAL	471	OR	TOTAL			
CLAIMS AS AMENDED - PART II 12/4							7/0	6	ENTITY	OR.	OTHER SMALL		
_	1	(Column 1)		(Colun		(Column 3)	1 r	SMALL	<del></del>	10H 1 1	SIVIALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVICE PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 2()	Minus	* 6	2()	E		X\$ 9=	· ·	OR	X\$18=		
	Independent	. 5	Minus	***	5			X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4.45			+290=		
	5,9,11,15							+145=	ļ	OR	TOTAL		
								ADDIT. FEE		OR ,	ADDIT. FEE		
		(Column 1)	<del>,                                    </del>	(Colun		(Column 3)	1 -		:				
AMENDMENT B		REMAINING		HIGH! NUME	BER	PRESENT	П	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AFTER AMENDMENT	• .	PREVIO PAID F		EXTRA		DATE	FEE		HAIL	FEE_	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	###	CI A 11 A	=		X43=		OR	X86=		
	FIRST PRESE	ENDENT CLAIM			<b>'</b>	+145=		OR	+290=				
								TOTAL			TOTAL		
								DDIT. FEE	l	, ,	ADDIT. FEE		
		(Column 1) CLAIMS		(Colum		(Column 3)	-						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE_		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	╽┟	X43=			 X86=		
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<b></b>	OR			
		•		_				+145=		OR	+290=	•	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT, FEE		
****	f the "Highest Nur The "Highest Num	mber Previously Pa ber Previously Pak	id For" IN THIS I For" (Total or	S SPACE is Independe	less than	n 3, enter "3." highest numbe			propriate box				
			,		•	•		•					